

degrees, abduction to 150 degrees, internal rotation to 20 degrees (at 90 degrees of abduction), and external rotation to 75 degrees (at 90 degrees of abduction). There was no rotator cuff weakness. There was a positive impingement maneuver with both the Hawkins' and Neer maneuvers and a negative cross arm test. AC joint on the left side was not prominent.

Examination of right and left elbows - Normal.

Examination of right and left wrists - No scars. Dorsiflexion to 80 degrees bilaterally. Palmar flexion on the right to 45 degrees and on the left to 50 degrees. Ulnar deviation on the left to 25 degrees and on the right to 25 degrees as well. Radial deviation on the right to 20 degrees and on the left to 20 degrees as well. There was no motor weakness with wrist extensor or flexors. There was also full pronation and supination with no weakness.

Examination of the hands - Right fifth finger with a flexion contracture at the PIP joint of 30 degrees, but with full flexion. Otherwise, no abnormalities with any of the fingers of both hands. There was no grip weakness and no apposition weakness.

Examination of right hip - Flexion to 90 degrees, extension to 0. Internal rotation to 20 degrees and external rotation to 45 degrees, both causing the patient discomfort mainly with internal rotation. There was no weakness involving the hip flexors, extensors, abductors, or adductors.

Examination of left hip - Flexion to 105 degrees, extension to 0. Internal rotation to 30 degrees with mild pain. External rotation to 45 degrees, also with mild pain. There was no motor weakness involving the left hip, specifically, extensor, abductor, and adductors.

Examination of the patient's right knee - 3 arthroscopic portals which are well-healed. Flexion to 117 degrees, extension to -12 degrees. There were multiple additional scars on the right knee, all of which were well-healed. There was no ligamentous laxity. Anterior drawer, Lachman, posterior drawer, pivot shift, and McMurray maneuvers were all negative. The right calf was soft and nontender.

Examination of left knee - 3 arthroscopic portals which are well-healed. Flexion of the left knee to 126 degrees and extension to -12 degrees. The ligamentous examination was normal with the anterior drawer, posterior drawer, Lachman, pivot shift, and McMurray maneuvers all being negative. The left calf was soft and nontender.

Examination of the right and left ankles - No scars. Dorsiflexion on the left side to 5 degrees and on the right to 0 degrees. Plantar flexion on the left to 37 degrees and on the right to 36 degrees.

Examination of the patient's feet and toes - Unremarkable.

Examination of the lower back - No scars, no focal tenderness areas. Forward flexion to 75 degrees, extension to 15 degrees, and lateral bending respectively to the right and left to 30 degrees. He was able to heel and toe walk without much difficulties. The lower extremity motor exam was 5/5 throughout. Reflexes of the lower extremities were 1-2+, equal and symmetrical; and reflexes of the upper extremities were also 1-2+, equal and symmetrical.

RADIOLOGICAL DATA: X-rays taken in the office today:

1. Cervical spine: Normal lordotic curvature. No significant arthritic changes. There were some irregularities at C5-6 and C6-7.
2. X-ray of the lumbar spine, 3 views: Normal lordotic curvature. Adequate normal disk spaces.

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MICKELL-1278

A1394

Page 4 of 4

3. X-rays of the right and left shoulders: No arthritic changes of the glenohumeral joint, however, there was AC joint hypertrophy bilaterally, more so on the right, with degenerative changes.
4. Standing x-rays of the right and left hip: Unremarkable. Mild joint space narrowing.
5. X-rays of the right and left knees standing, 3 views: No significant narrowing of the joint spaces. No significant osteophyte formation. Otherwise, unremarkable x-rays.
6. X-rays of the right and left ankle standing, 3 views: Mild osteophyte formation on the dorsal aspect of the talus, but without any significant arthritic changes.

PLAN/OPINION:

The patient is not totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration profit. He can engage in any type of light to moderate duty work. He should avoid employment which requires repetitive kneeling, squatting, and/or climbing stairs. He should also avoid employment which requires climbing ladders or being in unprotected heights. In addition, he should try to avoid positions which require repetitive heavy lifting, especially those above shoulder height.

Electronically Approved by:
Chaim Arlosoroff, M.D.

CA/db
D: 6/18/2014 12:50:15 PM T: 6/18/2014 3:52 PM
FILE #: 95873836

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MICKELL-1279

A1395



MICKELL-1280

**Bert Bell/Pete Rozelle NFL Player Retirement Plan**

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410-685-5069 • 800-638-3186 • Fax 410-783-0041



NFL PLAYERS
ASSOCIATION

Total & Permanent Disability Benefits**PHYSICIAN'S REPORT FORM****RECEIVED**

AUG 26 2014

NFL PLAYER BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)688-3186) if you are contacted by any of these individuals.

To Be Completed By Plan Office:

1. Player's Name Darren Mickell Date of Birth 1970
2. Address 9250 Chelsea Dr, Miramar, FL 33025
3. Credited Seasons 1992-1997, 1999-2000 Telephone (786)277-5788 M

4. When did you first examine the player? 8/19/14
5. Have you or have any of your partners ever treated the player? Yes ☐ No ☒
6. What is the nature of the impairment? Headaches, Mild cognitive impairment, possible syphilis (treated), Depression/Anxiety
7. Impairment Information (attach additional sheets if necessary)

Impairment to:	Impairment results from:	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?
Headaches	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
Mild cognitive impairment	<input type="checkbox"/> Illness <input checked="" type="checkbox"/> Injury (possibly) <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
Depression/Anxiety	<input checked="" type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
Syphilis (treated)	<input checked="" type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Cannot be determined

Barry J. McCasland, M.D.
(Neutral Neurologist)

E-Ballot 09/04/2014

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MICKELL-1281

A1397

Physician's Report for *Darren Mickell*
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____ No ✓

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____

If you checked No:

- In what type of employment can he engage?

No limits from neurologic standpoint - Premorbid estimates of function are not consistent with academic professions.

9. Additional remarks by physician Pl. should follow-up with his primary care M.D. to be sure his syphilis was fully/adequately treated.

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): Barry J. McCasland, M.D.

Address Bernstein & McCasland, M.D. P.C.

5671 Peachtree-Dunwoody Rd

Suite 515

Atlanta, GA 30342

Telephone (404)531-0334

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature _____

MCCASLAND

Examination Date

8/19/14

Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1282

A1398

BERNSTEIN & McCASLAND, M.D. P.C.

Richard B. Bernstein, M.D.

Fellow of the American Board of Psychiatry & Neurology

Barry J. McCasland, M.D.

Diplomate of the American Board of Psychiatry & Neurology

Clinical Neurology

Electrodiagnosis (EMG/NCV/EP)

Electroencephalography (EEG)

Claimant Name:

MICKELL, Darren

Date of Birth:

70

Date of Service:

8/19/14

RECEIVED

AUG 26 2014

NFL PLAYER BENEFITS

REFERRAL SOURCE: Bert Bell/Pete Rozelle NFL Player Retirement Plan.

CHIEF COMPLAINT: Headaches, cognitive problems.

HISTORY OF PRESENT ILLNESS: This is a 44-year-old right-handed African American male, retired NFL football player, with the above complaints. The claimant states that he has suffered a concussion with loss of consciousness on one single occasion during practice, and that he was not kept out of practice for any length of time following the event. When asked how many times he has suffered a blow to the head that did not cause him to lose consciousness, but resulted in transient disorientation, he stated there were too many to count. The claimant began having HEADACHES about two or three years after beginning his football career. Presently, the headaches occur once or twice each week lasting an average of 15-to 20 minutes each. He takes over-the-counter medications for them. He is not under the care of any specific physician for his headaches. Pain is felt all over the head. The claimant has a number of cognitive complaints as well. He states that he has prominent difficulties with MEMORY. He may drive somewhere and forget along the way where he is going. He does not have the memory capabilities to pay his own bills, and therefore his mother pays them for him. As a result of his memory problems, he states that he no longer has any patience and that he angers quickly. The claimant also complains of the INABILITY TO FOCUS and POOR CONCENTRATION. For example, while watching a movie he may "zone out" for five or ten minutes, and cannot recall what was said or done in the intervening time. He believes that these symptoms caused him to make numerous mistakes on his last job as a freight handler. He also complains of WORD LOSS, that is, often coming out with the wrong word, or the inability to come up with a specific word in his vocabulary. He complains of PROCESSING ISSUES, referring to the inability to extract meaning from information presented to him. Finally, he states that he is unable to properly FOLLOW DIRECTIONS. Similar to his lack of concentration, the claimant states that he is often instructed to do something and, almost immediately, cannot recall what he was told to do.

PAST MEDICAL HISTORY: Multiple bilateral knee and shoulder surgeries.

MEDICATIONS: None.

ALLERGIES: None.

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MICKELL-1283

Claimant Name: MICKELL, Darren
Date of Service: 8/9/14

SOCIAL HISTORY:

The claimant was born and raised in Miami, Florida. He attended middle in high school without repeating any grades, and without requirement for tutoring or special classes. After graduating high school he attended the University of Florida where he studied for three years, playing football during two of those years. He required a tutor in college. The claimant states that he majored in Criminal Justice, but did not obtain a degree. He left college for the NFL in 1992 and played for a total of four teams as Defensive End. The claimant left the NFL in 2000, citing that he was "too old." After retiring from the NFL the claimant participated in coaching, mostly Pop Warner and high school teams. He is no longer coaching. He began working for a freight handling company in a very physically demanding position, but this ended approximately two years ago. The claimant has not been employed since leaving the freight handling job. Presently the claimant is unmarried, living in Miamar, Florida, with his mother, great grandmother of 105 years, and his daughter. He has three additional children with whom he does not live, though he states that he sees them regularly. The claimant denies any history of arrests for violent crimes or violent behaviors. He has never had a restraining order taken out against him. He denies smoking. He consumes alcoholic beverages socially. Hobbies include fishing and playing pool.

Page 2 of 6

E-Ballot 09/04/2014

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MICKELL-1284

Claimant Name: MICKELL, Darren
Date of Service: 8/9/14

PHYSICAL EXAMINATION:

This is a well-developed, well-nourished male in no distress. The general physical examination was remarkable for normal cervical spine range of motion. Lumbar spine range of motion was full as well, though with discomfort, especially in extension. Cardiac tones were normal with a non-displaced PMI. Breath sounds were normal at the lung bases bilaterally. There was no cervical lymphadenopathy. Neck circumference measured 18.5 inches. The claimant stated his height as 6 feet 5 inches and his weight as 270 pounds, and his appearance was consistent with this. Blood pressure measured 104/80 with a pulse of 68 beats per minute.

NEUROLOGIC EXAMINATION:

Mental Status: The examinee was alert and fully oriented with no defects of speech or cognition, and gave a coherent history. He appeared to be depressed, though he was able to make eye contact most of the time. There were no obvious hallucinations or delusions, and no significant preoccupations. The claimant made no language errors. He scored 24 of a possible 30 points on the Montréal Cognitive Assessment (MOCA) test, a slightly below normal score.

Cranial Nerves: The claimant was able to detect and identify the odor of coffee through either nostril. The visual fields were normal to confrontation. The measured visual acuity, using a near card, was 20/20 in both eyes. On color vision testing, he misidentified about 25% of the Ishihara color plates with either eye. The pupils were equal and reactive to light with no relative afferent pupillary defect (RAPD). The ocular fundi were normal. The extra-ocular movements were full without nystagmus or internuclear ophthalmoplegia (INO). Sensory and motor examinations of the face were unremarkable. The tongue and palate were in the midline. Shoulder shrug was normal bilaterally.

Motor: The tone was normal in all four extremities. Adventitious movements, atrophy and fasciculations were not seen. Muscle strength and coordination were normal proximally and distally in all four extremities. The deep tendon reflexes were 2+ and symmetric in the upper extremities, 2++ at the knees, and 1+ at the ankles. The toes were down-going bilaterally to plantar stimulation.

Sensory: Responses to light touch stimulation were normal in the upper limbs. Graphesthesia was impaired at both palms, even after multiple trials. Light touch sensation was intact in the lower extremities. Temperature sensation was normal at the feet. Vibratory thresholds were abnormal at the toes.

Coordination/Gait: Finger-nose-finger testing was performed well bilaterally. Casual and tandem gaits were normal.

Page 3 of 6

E-Ballot 09/04/2014

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MICKELL-1285

A1401

Claimant Name: MICKELL, Darren
Date of Service: 8/9/14

REVIEW OF PERTINENT MEDICAL RECORDS:

9/15/92 and others In 1992 the claimant tested negative for syphilis. In 1993 and again in 1994 he tested positive. There is evidence of treatment in 1993 with intramuscular Bicillin. A follow-up RPR in 2000 was negative. This is important, if a progressive dementing illness is being considered, as neurosyphilis is one of the few treatable causes of a progressive cognitive decline. Given the negative RPR in 2000, it is unlikely but not completely impossible that the claimant has syphilis.

4/8/14 and others In the spring of 2014 the claimant underwent a neuropsychological examination by Dr. Mark Todd (Ph.D.). A report summarizing the results is reviewed. Complaints include slow progressive memory changes, word finding and language comprehension difficulties, irritability, personality changes, anxiety and depression with episodes of suicidal feelings, and headaches. The report points out that the claimant has never been diagnosed with concussion. Validity testing was not completely within acceptable limits, as there is one validity test that was abnormal; nonetheless, the examining psychologist believes that a valid test was obtained. Almost all of the cognitive parameters measured fell in the average or low average range, consistent with premorbid predictions of function. Two parameters, processing speed and visual short-term memory, were considered borderline. There were no results that fell in his severely abnormal range. MMPI revealed significant depression, anxiety, and worry. Dr. Todd notes at the end, "Certainly his mood symptoms are a prominent problem that could contribute to and may even account for his difficulties. The concern would be, however, that his problems may also be more reflective of a significant cognitive disorder related to a potential history of multiple concussive injuries."

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RBM 05/14/2015

MICKELL-1286

Claimant Name: MICKELL, Darren
Date of Service: 8/9/14

FINAL CLINICAL IMPRESSION:

1. CHRONIC HEADACHE DISORDER WITH MILD HEADACHE BURDEN.
2. VERY MILD COGNITIVE IMPAIRMENT.
3. SIGNIFICANT DEPRESSION AND ANXIETY DISORDER WHICH EITHER ACCOUNTS FOR OR CONTRIBUTES TO #2.
4. SYPHILIS, TREATED.

Page 5 of 6

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1287

Claimant Name: MICKELL, Darren
Date of Service: 8/9/14

QUALIFICATIONS:

I am currently licensed to practice Medicine in the State of Georgia. I am certified in Neurology by the American Board of Psychiatry and Neurology. A copy of my *Curriculum Vitae* is available upon request.

DISCLOSURE STATEMENTS:

The Independent Medical Examination process was explained to the examinee. The examinee understands that no patient/treating physician relationship was established, that the information exchanged during the interview and examination are not confidential, and that a written report will be issued to the above-referenced client. Informed, written consent was obtained from the examinee to proceed with the IME, including both the interview and physical examination portions of the process. The examinee agreed prior to commencement of the interview and examination to report any problems with the process to the examining physician. No such problems were reported. The entire process, including record review, interview, examination, formulation, and document preparation took approximately 2 hours.

The above analysis is based upon the information available to me at this time, including the history provided by the claimant, the medical records and test reports provided, the results of pain status inventories, and the physical findings obtained during careful general and neurological examination. It is assumed that the information provided to me is correct. If more information is provided to me at a later date, an appended report may be requested. Such additional information may or may not change the ultimate conclusions expressed herein.

The opinions expressed in this report are based upon a reasonable degree of medical probability.

Any recommendations for further care are provided as general guidance, and do not constitute medical orders or referrals.

I declare under penalty of perjury that the information contained in this report is true and correct, to the best of my knowledge and belief, except as to information I have received from others. The foregoing was signed in Fulton County, State of Georgia, on August 21, 2014.



Barry J. McCasland, MD

Page 6 of 6

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1288

MONTREAL COGNITIVE ASSESSMENT (MOCA)
Version 7.1 Original Version

NI: Mickell, Darnen
Education: College Date of birth: 70
Sex: M DATE: 8/19/14

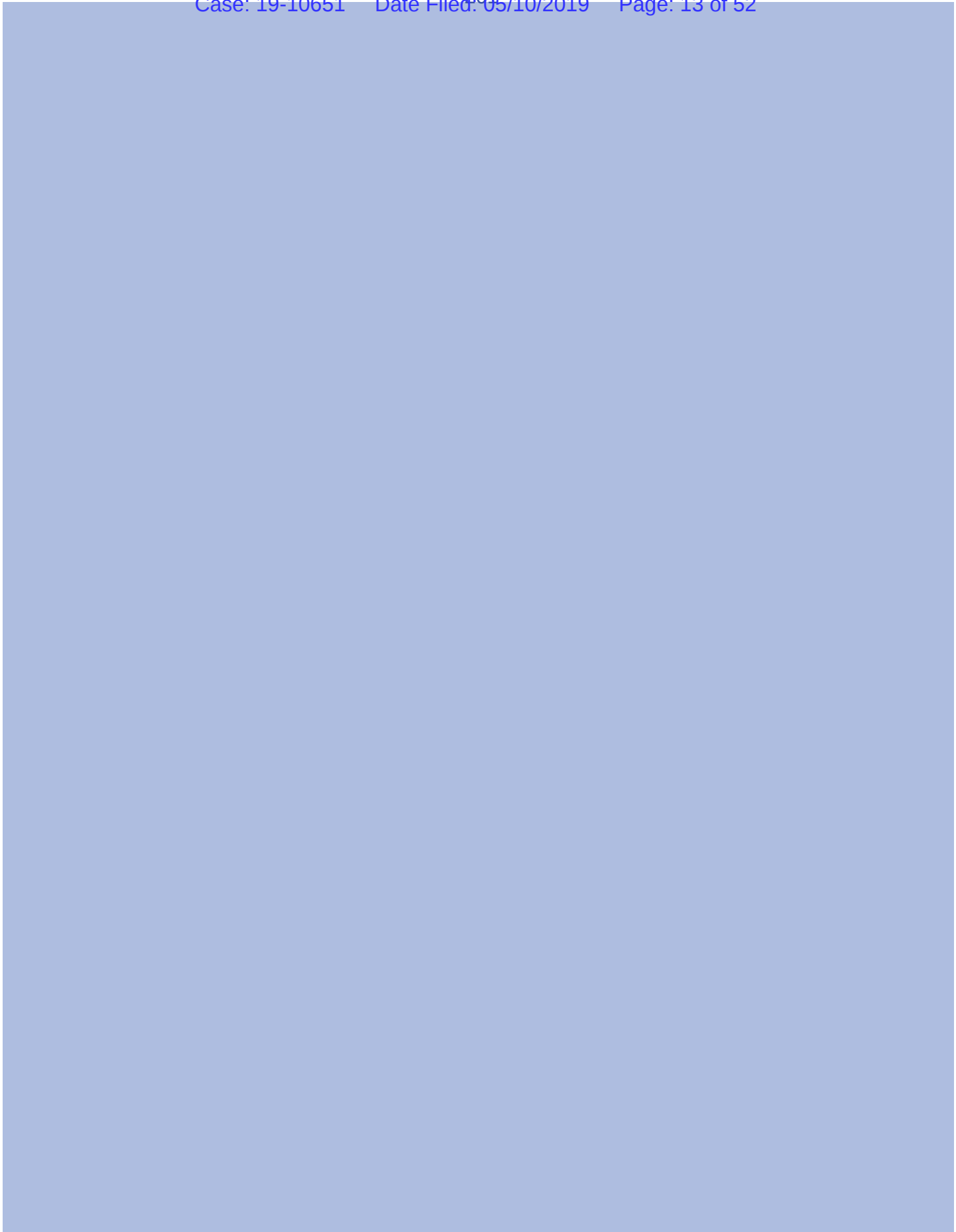
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ABSTRACTION Similarity between e.g. banana - orange = fruit <input checked="" type="checkbox"/> train - bicycle <input checked="" type="checkbox"/> watch - ruler		<input type="checkbox"/>																									
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Administered by: _____

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MICKELL-1289



MICKELL-1290



Bert Bell/Pete Rozelle NFL Player Retirement Plan

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RECEIVED

Total & Permanent Disability Benefits

AUG 28 2014

PHYSICIAN'S REPORT FORM

NFL PLAYER BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the player seeking disability benefits from the Bert Bell/Pete Rozelle NFL Player Retirement Plan. Please notify Rose Mary Eves or Paul Scott at the Plan Office (Tel. No. (800)638-3186) if you are contacted by any of these individuals.

To Be Completed By Plan Office:

1. Player's Name Darren Mickell Date of Birth 1970
2. Address 9250 Chelsea Dr, Miramar, FL 33025
3. Credited Seasons 1992-1997, 1999-2000 Telephone (786)277-5788 M

4. When did you first examine the player? 8/20/20145. Have you or have any of your partners ever treated the player? Yes ☐ No ☒6. What is the nature of the impairment? COGNITIONPSYCHOLOGICAL HEALTH

7. Impairment Information (attach additional sheets if necessary)

Impairment to:	Impairment results from:	Has the impairment persisted or is it expected to persist for at least 12 months from the date of its occurrence?
<u>BRAIN</u>	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined
	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot be determined

Stephen N. Macciocchi, PhD., A
(Neutral Neuro-Psychologist)

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1291

A1407

Physician's Report for **Darren Mickell**
Page 2

8. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

Yes _____

No ☒

NOT FROM COGNITIVE
PERSPECTIVE

If you checked Yes:

- Specify the medical conditions and how these conditions prevent the Player from working.

- How long do you estimate the Player will be unable to be gainfully employed at any occupation? _____

If you checked No:

- In what type of employment can he engage?

HE CURRENTLY WKS WITH FRIEND 3
DAYS PER WEEK - NOT COGNITIVELY
PERMANENT

9. Additional remarks by physician: PLAYER MAY HAVE MEDICAL
IMPAIRMENT AND PSYCHIATRIC CONDITIONS WHICH
MERIT ASSESSMENT

Please attach the required Medical Report with this form.

Physician's Name (typed or printed): Stephen N. Macciocchi, PhD., ABPP

Address Peachtree Dunwoody Pavilion

5775 Peachtree Dunwoody Road

Building C, Suite 200

Atlanta, GA 30342

Telephone (404)556-0752

I certify that I have personally examined this Player and have personally reviewed any and all records of this Player given to me, and have personally reviewed the attached narrative reports. I also certify that my ratings and comments reflect my best professional judgment, and that I am not biased toward or against this Player.

Signature _____

Examination Date _____

8/20/2014

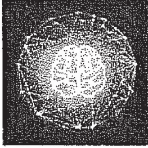
Mail completed form with your narrative report to Rose Mary Eves at the Bert Bell/Pete Rozelle NFL Player Retirement Plan, 200 St. Paul Place, Suite 2420, Baltimore, MD 21202-2040.

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1292

A1408

**ATLANTA NEUROPSYCHOLOGY LLC**

Stephen N. Macclocchi, Ph.D. ABPP
Board Certified in Clinical Neuropsychology
American Board of Clinical Neuropsychology
P.O. Box 550045
Atlanta, Georgia 30355

NEUROPSYCHOLOGICAL ASSESSMENT

NAME:	Darren Mickell
AGE:	44
EDUCATION:	15
PSYCHOMETRICIAN:	Jill Dermeyer, MA
ASSESSMENT DATE:	8/20/2014
REFERRAL SOURCE:	Paul Scott: NFLPBP

REFERRAL INFORMATION:

Darren Mickell is applying for NFL Total and Permanent (TP) disability benefits secondary to multiple orthopedic injuries as well as "headaches, concentration problems, word loss, focus issues and processing issues", reportedly sustained while playing in the NFL. The NFL Player Benefits Program (NFLPBP) requested an assessment in order to document Mr. Mickell's cognitive and psychological functioning in the context of his self-reported health problems.

Prior to the examination, the NFLPBP forwarded Mr. Mickell's NFL TP benefits application and medical records documenting orthopedic injuries, including an IME completed by Craig Lichtblau, M. D. on 3/31/2014. Also included was a neuropsychological assessment completed by Mark Todd, Ph.D. in April 2014. Prior to the examination, Mr. Mickell's attorney Mindy Chmielarz forwarded medical records, which also contained both examinations cited above. Information related to Mr. Mickell's musculoskeletal injuries and associated pain as well as his history of concussions and cognitive problems was also obtained via interview with Mr. Mickell during the examination.

The current examination was focused on Mr. Mickell's neuropsychological functioning. Information extracted from medical records focused on injuries and risk factors for cognitive and psychological health problems. Mr. Mickell's physical injuries and physical symptoms are beyond the scope of the current assessment and the expertise of the current examiner, except to the extent his physical injuries and symptoms affect his psychological and/or cognitive functioning. Persons interested in comprehensive documentation of Mr. Mickell's medical problems and associated treatment should consult primary medical records.

Prior to beginning the examination, Mr. Mickell was educated regarding the nature, purpose and conditions of the current assessment. Mr. Mickell was informed orally and in writing that optimal effort and engagement in testing during the examination was critical for obtaining valid neuropsychological test results. Mr. Mickell was also informed he would not receive a copy of his report from the examiner and he was encouraged to consult the NFLPBP program to determine opportunities for obtaining a report and being provided feedback on his assessment. Mr. Mickell evidenced understanding of the nature, purpose and conditions of the assessment and he agreed verbally and in writing to have a summary report of test findings forwarded to Paul Scott at the NFLPBP.

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A1409

NAME: Mickell, D.

HISTORY:

Medical:

According to Mr. Mickell, he has no history of significant childhood, adolescent or adult medical illnesses, other than injuries sustained while playing in the NFL.

Mr. Mickell reported sustaining a number of musculoskeletal injuries during his career in the NFL, which are documented in his benefits application and medical records (see IME by Craig Lichtblau, M.D.). Mr. Mickell reports currently experiencing pain in multiple sites, especially his knees, back and hips. He takes OTC anti-inflammatory medication and intermittently is prescribed oxycontin for pain. Mr. Mickell reported his orthopedic IME completed as part of the NFLBP was "very short, like a sideline examination" and did not address his physical injuries adequately. Dr. Lichtblau concluded that Mr. Mickell was "unable to maintain gainful employment" secondary to chronic pain.

Neurological:

According to Mr. Mickell, he had no history of cognitive-developmental disorder in childhood. He also denied a history of neurological trauma-disease in childhood, adolescence and adulthood, except for concussive injuries sustained while playing in the NFL.

Mr. Mickell reported sustaining 2 concussions that he could recall. These injuries occurred during his 2nd and 3rd year in Kansas City. He reported experiencing confusion and headaches and being removed from practice for several days. He also sustained several head contact injuries that resulted in him sitting out several plays.

Mr. Mickell also reported experiencing numerous head contact injuries during his time in the NFL that resulted in brief changes in mental status and visual processing (seeing stars). Mr. Mickell reported these injuries were frequent and that he believed them to be a normal consequence of contact. He did not seek medical attention for any of these head contact injuries or the symptoms following his injuries.

Psychiatric:

Mr. Mickell denied a history of past psychiatric diagnoses, but he reported a period of significant weight loss (30 lbs) and apathy. Mr. Mickell reported that at times he feels depressed, but has not consulted a psychiatric healthcare professional until recently when he was examined by Dr. Todd. He reported he is able to consult with Dr. Todd regarding his psychological health via an NFL sponsored program.

Mr. Mickell also reported experiencing anxiety, which appeared to reflect panic symptoms such as increased heart rate, fears of dying and general anxiety that last for brief periods of time and resolve secondary to going outside.

Dr. Todd reported Mr. Mickell was experiencing "marked anxiety and depression" based on the MMPI-IRF, a short form of the MMPI. Dr. Todd reported collateral evidence of depression based on Mr. Mickell's self-report and his functioning at home.

Mr. Mickell's had a history of cocaine use, which resulted in him being suspended from the NFL for one year. He denied using cocaine after his one year suspension from the NFL. Mr. Mickell reported using marijuana 3-4 times per week to treat his pain. He reported THC is effective in reducing his pain to manageable levels.

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MICKELL-1294

A1410

NAME: Mickell, D.

Neuropsychological:

Dr. Todd completed a neuropsychological examination over 3 sessions in April 2014. His report summarizes Mr. Mickell's performance. According to Dr. Todd, his examination "provided evidence of a mild cognitive disorder" (see page 14). Dr. Todd did not discuss how he reached his clinical conclusion given that many test scores were average and more proficient than Mr. Mickell's general level of intellectual functioning. There was no discussion of base rates of expected low scores given the number of tests administered or Mr. Mickell's level of intellectual functioning. In addition, Dr. Todd reported Mr. Mickell's "motivation" [effort] during testing was good, but he did not provide test scores supporting optimal effort. Finally, Dr. Todd made a number of relevant recommendations regarding Mr. Mickell's physical and psychological health (see page 14-15).

Educational-Psychosocial-Occupational:

Mr. Mickell was born in Miami, Florida and he attended the University of Florida. Mr. Mickell left college before graduation and had an 8 year career in the NFL playing for several teams. He retired from the NFL in 2000. Since retiring from the NFL, Mr. Mickell has worked in a warehouse and his most recent job involves working with a friend supplying video games to various establishments, which he does several days per week. He currently resides with his great grandmother, girlfriend and daughter in Miramar Florida.

TESTS ADMINISTERED:

In order to assess Mr. Mickell' current neuropsychological and psychological functioning, a number of techniques were administered including tests assessing general intellectual skills, problem solving, attention - concentration, language skills, and memory functions. Performance validity testing and a psychological assessment were also administered.

Test interpretation is based on normative data contained in manuals for each test administered unless the test is a component of the co-normed data base published by Heaton, Miller, Taylor, and Grant (2004). Performance descriptors used in the report are based on T Scores, which are standard scores described in the table described below. These performance descriptors may be found in various sources including Heaton, Miller, Taylor and Grant (2004) and Strauss, Sherman and Spreen (2006).

T SCORE	CLASSIFICATION	T SCORE	CLASSIFICATION
70-77	VERY SUPERIOR	35-39	MILD IMPAIRMENT
64-69	SUPERIOR	30-34	MILD-MODERATE IMPAIRMENT
56-63	HIGH AVERAGE	25-29	MODERATE
45-55	AVERAGE	20-24	MODERATE-SEVERE IMPAIRMENT
40-44	LOW AVERAGE	<20	SEVERE IMPAIRMENT

Wechsler Adult Intelligence Scale - IV (WAIS-IV)
 Test of Pre-morbid Functioning (TOPF)
 Wisconsin Card Sorting Test (WCST)
 Delis-Kaplan (DKEFS)
 Trail Making
 Verbal Fluency
 Color-Word Interference

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MICKELL-1295

A1411

NAME: Mickell, D.

Grooved Pegboard Test (GPT)
Boston Naming Test (BNT)
Wechsler Memory Scale - IV (WMS-IV)
Logical Memory I and II
California Verbal Learning Test - II (CVLT-II)
Performance Validity Tests
Minnesota Multiphasic Personality Inventory-2/RF (MMPI-2RF)
Beck Depression Inventory (BDI)
Beck Anxiety Inventory (BAI)
Clinical Interview

TEST RESULTS:

Behavioral Observations and Clinical Interview:

During testing, Mr. Mickell was easily engaged, friendly and appropriate. He appeared relaxed and cooperated fully, but was somewhat apathetic. He worked at a medium pace and generally in a planned and deliberate manner. He persisted on difficult tasks. He did not overtly respond to either success or failure on test items. He increased his effort in response to encouragement.

During interview, Mr. Mickell was alert, oriented, and cooperative. His affect was normal in range and appropriate to content. Mr. Mickell had an adequate understanding of his current medical condition as reflected in his ability to discuss his injuries and relate his current attending physicians' recommendations.

In terms of current cognitive complaints, Mr. Mickell reported having memory and concentration problems. He described forgetting normal responsibilities and having trouble recalling information in day to day activities. He forgets where is going at times. He also misplaces things and reported his thinking is "off". Mr. Mickell also reported having anger problems and being disengaged from his friends and family.

Mr. Mickell did not evidence any significant neurobehavioral symptoms such as disinhibition, aggression, emotional lability or apathy. He also did not evidence any significant neuropsychiatric symptoms such as hallucinations, delusions or compulsions, but he was tearful when describing his inability to function physically and his concerns about his neurological health.

Performance Validity:

Mr. Mickell's performance was impaired on all 3 trials of 2 free standing performance validity measures (6 impaired scores). His performance was also impaired on 1 embedded validity measure, but unimpaired on another. Overall, his effort during the current examination as indexed by validity metrics was impaired to the point that his test performance level would be negatively impacted, particularly on memory tests.

Intelligence:

Mr. Mickell's Verbal Comprehension Index on the Wechsler Adult Intelligence Scale - IV was low average (87). Mr. Mickell's Perceptual Reasoning Index was average (90).

Mr. Mickell's Full Scale IQ Score on the WAIS-IV was low average (83). His performance on the WAIS-IV was generally consistent with, but less proficient than his predicted Full Scale IQ Score estimate based on the Test of Pre-Morbid Functioning (89).

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A1412

NAME: Mickell, D.

Executive Functions:

Mr. Mickell's attribute identification and set shifting on the Wisconsin Card Sorting Test was uniformly average to high average (Errors/T=53; Perseverative Responses/T=57; Perseverative Errors/ T=57; Non-Perseverative Errors/T=48; and Categories (6) T=50+).

Mr. Mickell's performance on the D-KEFS Trail Making Test ranged from low average to average (Visual Scanning/T=43; Letter-Number Switching/T=43) to average (Number-Sequencing/T=53; Letter Sequencing/T=50).

Mr. Mickell's performance on the D-KEFS Color-Word Test was average to high average (Color Naming/T=56; Word Reading/T=46; Inhibition/T=50 and Inhibition-Switching/T=46).

Attention-Concentration:

Mr. Mickell's performance on the Wechsler Adult Intelligence Scale - IV documented a Working Memory Index that fell in the mildly impaired range (74). In contrast, his Processing Speed Index was average (92).

Motor Functions:

Mr. Mickell's motor speed on the D-KEFS was average (T=53). Mr. Mickell's dominant (right) fine motor speed and dexterity on the Grooved Pegboard Test was mildly impaired (T=35). Mr. Mickell's non-dominant fine motor speed and dexterity was mildly-moderately impaired (T=34).

Language Functions:

Mr. Mickell's speech was fluent with no evidence of paraphasias or dysnomia. His narrative and discourse was logical and coherent. His prosody was normal. Mr. Mickell's confrontation Naming on the Boston Naming Test was low average (T=43). His verbal fluency on the D-KEFS was generally average (Category Switching/T=46; Category Fluency/T=43 and Letter Fluency/T=46).

Memory Functions:

Mr. Mickell's story memory performance on the Wechsler Memory Scale - IV was mildly-moderately impaired following a short delay (T=33) and moderately impaired following a long delay (T=22).

Mr. Mickell's verbal learning over trials on the California Verbal Learning Test-II was low average (T=40). His short delayed spontaneous recall was mildly impaired (T=35). His long delayed spontaneous recall was low average (T=40).

Psychological Functioning:

Mr. Mickell's responses on the MMPI-2-RF revealed an elevation \geq T=80 on 4 validity scales (Infrequent Responses/T=97; Infrequent Somatic Responses/T=83; Symptom Validity/T=92 and Response Bias Scale/ T=105). Scales assessing reliability of responding (VRIN/T=43 and TRIN/T=57) were not elevated.

In terms of Higher Order, Restructured Clinical and Somatic-Cognitive scales, Mr. Mickell had 6 elevations equal to or $>$ T=80 (Somatic Complaints Scale/T=90; Malaise/T=81; Neurological Complaints/T=96; Head Pain Complaints/T=85; Cognitive Complaints/T=91 and Anxiety/T=80).

On the BDI Mr. Mickell's score (29) was consistent with severe depressive symptoms. Mr. Mickell also reported symptoms of severe anxiety on the Beck Anxiety Inventory (30).

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MICKELL-1297

A1413

NAME: Mickell, D.

According to MMPI-2RF interpretive guidelines (Ben-Porath, 2012), when there is no evidence of inconsistent responding (elevated VRIN-r and TRIN-r), Mr. Mickell's elevations on 4 validity scales makes interpretation of Higher Order, Restructured and Somatic-Cognitive Scales difficult due to symptom over-reporting. In the absence of symptom validity and response bias concerns, Mr. Mickell's MMPI-2-RF, BDI and BAI primarily reflect concerns about his physical and neurological health, as well as anxiety and depression, which is consistent with his self-report regarding concerns about his cognitive and physical functioning.

IMPRESSION:

Darren Mickell has a history of chronic pain, which is a risk factor for cognitive inefficiency. He also reports symptoms of anxiety and depressive disorders, which are also risk factors for cognitive inefficiency, although the severity his psychological health disorders are difficult to determine due to symptom over-reporting. Nonetheless, he has a self-reported history of significant weight loss, apathy, social isolation and panic symptoms. Whether his use of THC for pain relief has had an impact on his cognitive functioning is not entirely clear since research has not definitively shown that THC use has a chronic, deleterious effect on cognition.

Mr. Mickell also has a history of what he reported to be at least 2 concussions and he reportedly experienced numerous other head contact injuries during his time in the NFL that resulted in transitory changes in mental status. The long term impact of multiple concussive injuries on cognitive functioning has not been extensively studied, despite recent, appropriate attention to the effects of these injuries. Consequently, based on existing science, determining the effect head contact injuries have on individual NFL players cognitive functioning is difficult if not impossible to quantify, except when there is evidence of a reliable decline in cognitive functioning over a sustained period of time documented by valid neurocognitive test performance. These findings would need to be obtained in the absence of other more common disorders known to have a negative impact on cognition such as pain, sleep and psychiatric disorders as well as unreliable test findings due to suboptimal effort or malingering. In any case, media reporting of single case studies and other anecdotal evidence regarding the effect of multiple concussions has raised concerns about neurological health among many athletes, not just NFL players. Consequently, NFL players are experiencing reasonable anxiety regarding their neurological health. Anxiety is known to negatively impact cognitive efficiency and result in the subjective experience of cognitive dysfunction.

For instance, in terms of psychological health, Mr. Mickell reports symptoms of major depression and panic disorder in part related to his concerns about his health. He is considerably worried about his physical and neurological health. He reports changes in behavior and mood that have affected his everyday functioning. While there is self-report evidence Mr. Mickell is experiencing symptoms of major depression, and panic disorder, his MMPI-2RF is difficult to interpret due to symptom over-reporting on validity metrics, which raises concerns about the reliability of any self-report measures that do not have embedded symptom validity scales such as the BDI and BAI. Consequently, even though Mr. Mickell reports numerous clinically suggestive psychological health problems, the severity of his psychological health problems and implications for his ability to engage in competitive employment remains to be determined.

In terms of cognitive complaints, Mr. Mickell's scores on performance validity measures were impaired. Impaired scores on performance validity metrics have been shown to be strongly associated with lowered neuropsychological test performance. In other words, research has shown that persons who evidence impaired scores on freestanding performance validity measures score much lower on neuropsychological tests compared to cohorts with similar medical histories who perform well on performance validity tests (above empirically established

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MICKELL-1298

A1414

NAME: Mickell, D.

cutoffs). Consequently, Mr. Mickell is most likely functioning at a higher cognitive level than was documented during his current examination. Nevertheless, Mr. Mickell did not evidence other signs of performance invalidity, such as pervasively impaired neuropsychological test performance that deviates from known patterns of brain functioning, other than in the area of memory functioning.

In other words, despite concerns about performance validity during the current assessment, Mr. Mickell did not evidence an abnormal number of low scores. Presuming Mr. Mickell's predicted Full Scale IQ on the TOPF is accurate, research has shown that 78% of persons with low average IQ in standardization samples have 5 or more scores fall below T=40 when administered neuropsychological batteries with 36 scores. The current test battery has approximately 60 scores and Mr. Mickell had 6 scores that fell below T=40, which is not psychometrically or statistically unexpected, especially given concerns about performance validity. More importantly, when focusing on skills necessary for day to day and employment functioning such as processing speed and executive skills, Mr. Mickell performed in the average to high average range.

In contrast, Mr. Mickell's memory test performance was less proficient during the current examination and more impaired relative to his performance 4 months ago. When comparing Mr. Mickell's current memory test scores with his previous examination completed 4 months ago, his memory test performance declined significantly on story memory tasks, but improved on list learning tasks. His decline in story memory over such a brief period of time is most likely due to performance validity problems and/or exacerbation of psychiatric symptomatology.

In summary, there are questions regarding the reliability and validity of Mr. Mickell's neurocognitive and psychological health test findings. Despite concerns about the reliability and validity of neurocognitive test scores, Mr. Mickell did not evidence an abnormal number of impaired scores compared to expectations derived from normative data bases. He did evidence a decline in memory test performance over the past 4 months, which cannot be explained by declining neurological health, but may be due to psychiatric problems and/or suboptimal engagement on memory tests during the current examination. Even when considering validity issues, there is no current psychometric evidence Mr. Mickell cannot engage in gainful employment solely from a cognitive perspective. Whether Mr. Mickell's medical problems such as chronic pain or a psychiatric disorder, most likely major depression and panic disorder, would prevent him from working cannot be definitively determined by the current examination. There is clinically suggestive evidence he may have a major depressive disorder and a panic disorder, which could impair his ability to secure and maintain successful employment. Consequently, Mr. Mickell will need formal medical and psychiatric examinations to assess the reliability and significance of his physical/pain disorders and psychiatric condition. If obtained, a psychiatric examination must consider symptom validity and response bias in the context of any self-reported symptoms.

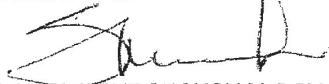
DIAGNOSTIC CONSIDERATIONS:

R/O MAJOR DEPRESSION, MILD - MODERATE (DSM-V: 296.21-296.22)

R/O PANIC DISORDER (DSM-V: 300.01)

SUBOPTIMAL EFFORT-TEST ENGAGEMENT

CHRONIC PAIN



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STEPHEN MACCIOCCCHI, PH.D. ABPP, MEMBER

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MICKELL-1299

A1415

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ATL COMP NEUROPSYCH

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NFL NEUROPSYCHOLOGICAL TEST BATTERY

Name: Darren MickellDate: 3/20/2014

TEST	Raw Score	T Score	%ile	Interpretation
Pre-morbid Intellectual Functioning				
TCPE Estimate IQ	29	42	23	Low Average
EFFORT				
CVLT-II Forced Choice Recognition (#)	93.8	n/a	n/a	
MSVT (% correct IR, DR, CNS)	60, 65, 65	n/a	n/a	Below Expectations
Reliable Digit Span (#)	6	n/a	n/a	Below Expectations
Test of Memory Malingering (%correct)	60	n/a		Below Expectations
Intellectual Functioning				
WAIS-IV FSIQ	83	38	13	Mild
WAIS-IV VCI	87	41	19	Low Average
WAIS-IV PRI	90	43	25	Low Average
WAIS-IV WMI	74	33	4	Mild/Moderate
WAIS-IV PSI	92	44	30	Low Average
Vocabulary	29	43	25	Low Average
Information	8	16	40	Low Average
Similarities	21	25	43	Low Average
Arithmetic	13	37	46	Average
Digit Span	12	22	0.4	Moderate/Severe
Block Design	43	50	50	Average
Visual Puzzles	10	16	40	Low Average
Coding	50	25	43	Low Average
Matrix Reasoning	14	25	43	Low Average
Symbol Search	31	37	46	Average
LANGUAGE				
Boston Naming Test	7	43	24	Low Average
DKEFS Letter Fluency	34	46	37	Average
Category Fluency	36	43	25	Low Average

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A1416

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ATL COMP NEUROPSYCH

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TEST	Raw Score	T Score	%ile	Interpretation
Category Switching Total Correct	13	46	37	Average
ATTENTION				
WAIS IV Digit Span	2	22	0.4	Moderate/Severe
WMS IV Symbol Span	14	38	9	Mild
MOTOR SPEED				
WAIS IV PSI	92	44	30	Low Average
GP Dominant Hand	102	35	7	Mild
GP Non Dominant Hand	112	34	5	Mild/Moderate
DKEFS Motor Speed	27	53	63	Average
VISUAL PERCEPTUAL SKILLS				
WMS IV Visual Reproduction Copy	Not Administered			
Rey Copy	Not Administered			
WAIS IV Block Design	10	50	50	Average
VERBAL MEMORY/LEARNING				
CVLT II Trial 1	5	-1.0	16	Low Average
Trial 5	9	-1.5	6	Mild/Moderate
Sum Trials 1-5	39	40	16	Low Average
Short Delay Free Recall	6	-1.5	6	Mild/Moderate
Long Delay Free Recall	9	-1.0	16	Low Average
Learning Slope	1.1	-0.5	30	Low Average
Repetitions	7	1.0	84	High Average
Intrusions	6	1.0	84	High Average
WMS-IV Logical Memory I	14	33	5	Mild/Moderate
Logical Memory II	9	22	2	Moderate/Severe
VISUAL MEMORY				
WMS IV Visual Reproduction I				
Visual Reproduction II				
Visual Reproduction Recognition				

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ATL COMP NEUROPSYCH

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TEST	Raw Score	T Score	%ile	Interpretation
EXECUTIVE FUNCTIONING				
DKEFS Visual Scanning	38	43	25	Low Average
Number Sequencing	30	53	63	Average
Letter Sequencing	34	50	50	Average
Number Letter Switching	102	43	25	Low Average
Motor Speed	27	53	63	Average
WCST Total Errors	13	53	62	Average
Perseverative Responses	4	57	76	High Average
Perseverative Errors	4	57	76	High Average
Non-Perseverative Errors	9	48	42	Average
Conceptual Level responses	82	n/a	n/a	n/a
Categories Completed (#)	6	n/a	>16	Average
Trials to 1 st Category (#)	11	n/a	>16	Average
Failure to Maintain Set (#)	2	n/a	6-10	Mild/Moderate
Learning To Learn (#)	1.34	n/a	>16	Average
DKEFS Color Naming	25	56	75	High Average
Word Reading	23	46	34	Average
Inhibition	56	10	50	Average
Inhibition/Switching	65	46	37	Average
WAIS IV Similarities	8	43	25	Low Average
Matrix Reasoning	14	43	25	Low Average
PERSONALITY/MOOD				
BDI	29			Severe
BAI	30			Severe

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ATL COMP NEUROPSYCH

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MMPI-2-RF Score Report
08/20/2014, Page 7ID: NFL
Darren Mikell**MMPI-2-RF T SCORES (BY DOMAIN)****PROTOCOL VALIDITY**

Content Non-Responsiveness	0	43	57 F
	CNS	VRIN-r	TRIN-r
Over-Reporting	97	59	83 92 105
	F-r	FP-r	Pa FBS-r RBS
Under-Reporting	52	42	
	L-r	K-r	

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	90	81	64	85	96	91
	RC1	MLS	GIC	HPC	NUC	COG
Emotional Dysfunction	76	77	45	60	65	64
	EID	RCd	SUI	HLP	SFD	NFC
		73	70			
		RC2	INTR-r			
		65	73	80	73	63
		RC7	STW	AXY	ANT	BRF
						54
						MSF
						80
						NEGE-r
Thought Dysfunction	67	70				
	THD	RC6				
		76				
		RC8				
		66				
		PSYC-r				
Behavioral Dysfunction	55	57	57	61		
	BXD	RC4	JCP	SUB		
		48	56	48	41	59
		RC9	AGG	ACT	AGGR-r	DISC-r
Interpersonal Functioning	58	43	62	65	57	44
	FML	RC3	IPP	SAV	SHY	DSF
Interests	33	52				
	AES	MEC				

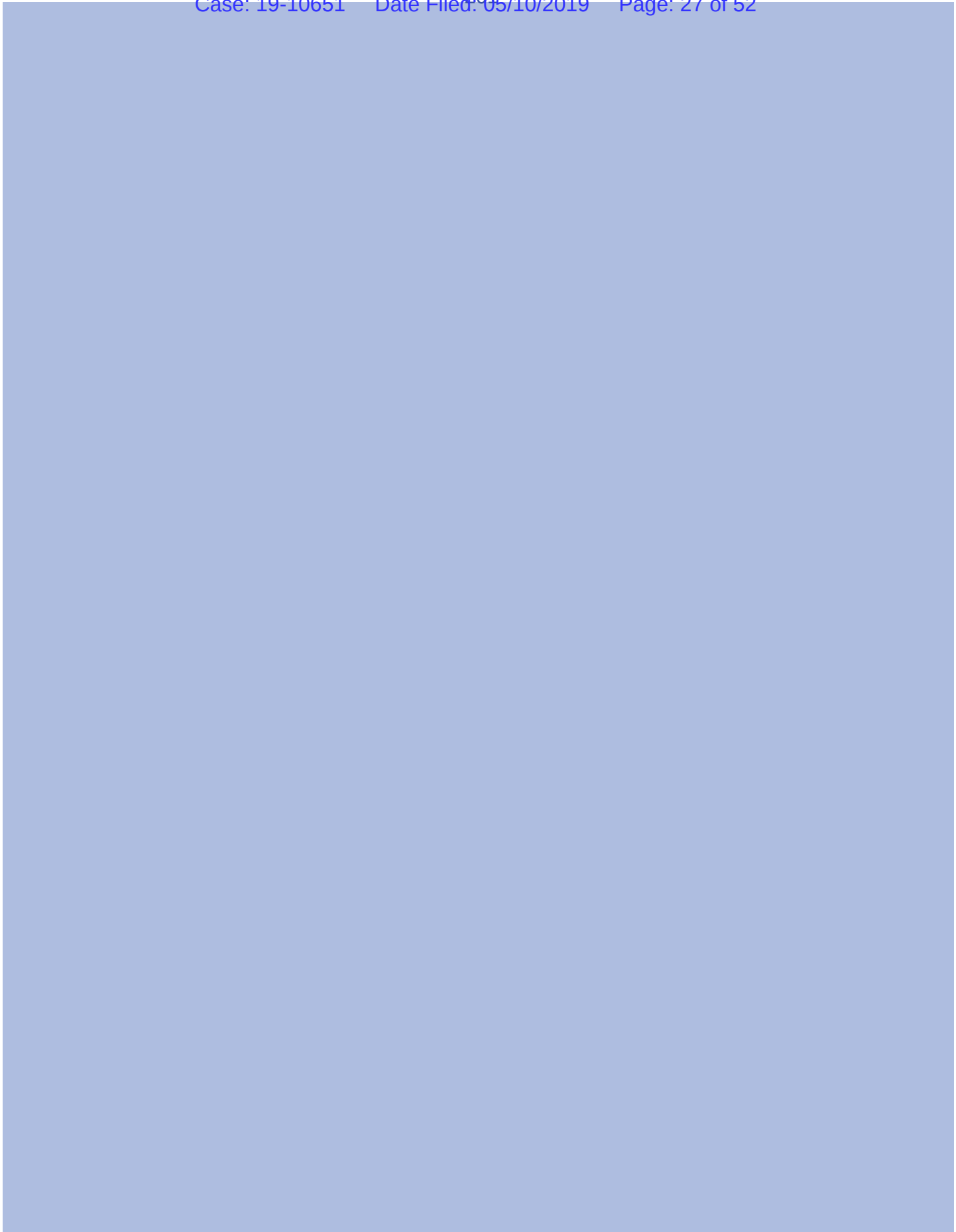
Note: This information is provided to facilitate interpretation following the recommended structure for MMPI-2-RF interpretation in Chapter 5 of the MMPI-2-RF Manual for Administration, Scoring, and Interpretation, which provides details in the text and an outline in Table 5-1.

E-Ballot 09/04/2014

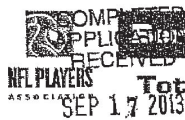
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MICKELL-1303

A1419



MICKELL-1304



Bert Bell/Pete Rozelle NFL Player Retirement Plan **Total and Permanent Disability Benefits Application**

JUL 23 2013

JUL 09 2013

11793 M.A.

Signature of Player

I certify that all information and documents provided on or with this Total and Permanent Disability Benefits Application are, to the best of my knowledge, true, correct, and complete. I also authorize the Bert Bell/Pete Rozelle NFL Player Retirement Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with my Application for disability benefits, to all individuals as needed for Plan purposes.

Signature of Player

Date Completed 7/12/13

Player Information

Player's Name (please print)

Date of Birth

1/1970

Social Security Number

First

1926

Address (number and street)

9250 Chelsea Dr

City

Miramar FL

State

FL

Zip Code

33025

Home Phone

Work Phone

Mobile Phone

786-277-5788

E-mail

Mick4Life92@yahoo.com

Medical, Hospital and Other Records

Have you included additional information in support of your Application for disability benefits?

☐ Yes ☒ No If yes, what is enclosed?

Are there other documents that you intend to include that you have not submitted with this Application?

☐ Yes ☒ No If yes, what will you be sending?

Note: Applications cannot be processed until all information is received. Please send all supporting information to the Plan Office as soon as possible, or notify the Plan Office if you decide not to send additional information.

Disabilities and Cause

(PART 1) Describe all of the conditions that you believe make you unable to work. Please state if any of these conditions resulted from service in the military of any country. You may attach additional sheets if necessary to identify the conditions which you would like the Plan to consider.

Condition 1: NO Cartilage in both knees, sore stiff and swell occasionally

Condition 2: Major pain in RT Hip and numbness in RT Hip

Condition 3: Lower Back problems

Condition 4: Pain in RT & LF shoulders

Condition 5:

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MICKELL-1305

A1421

Disabilities and Cause (Continued)

(PART 2) Higher benefits are payable if the disability(ies) that renders you totally and permanently disabled arose while you were an Active Player, and caused you to be totally and permanently disabled "shortly after" the disability(ies) first arose. In such cases the amount of your benefit will depend on whether your disability(ies) results from NFL football. If you believe you may qualify for such higher benefits, please indicate below (a) when the disability(ies) arose, (b) when they caused you to be totally and permanently disabled, and (c) whether the disability(ies) resulted from NFL football or another cause (for example, auto accident). On (c), please list all injuries, accidents or illnesses that may have caused or contributed in any way to any of the conditions listed in Section 4, Part 1. You may attach additional sheets or supporting documentation.

- (a) RT & Left ^{Knee} meniscus Shave of while playing for KC Chief
 (b) RT Hip dis in multiple time in San Diego
 (c) Lower Back New Orleans & San Diego

(PART 3) Describe the problems you are currently experiencing. I have a Problem standing for a long period of time, walking up and down stairs, bending & squatting down. I have major pain all over my body after doing anything physical. I have a hard time sleeping most night because the always hurting.

(PART 4) Please note that special rules apply when a condition relates to alcohol or substance abuse, or to psychiatric problems. In general, if such conditions are the cause of your inability to work, they will automatically be considered to not result from NFL football activities. Certain exceptions apply, as described in the Summary Plan Description. If you believe you qualify for one of these exceptions, please describe and enclose all supporting documentation.

Social Security

Are you currently receiving Social Security disability benefits? ☐ Yes ☒ No

If you checked "Yes" above, you must submit the following:

- a letter or other evidence from the Social Security Administration which states that the Social Security Administration determined you were unable to work; and
- a recent check stub or a letter from your local Social Security Administration office which states that you are still receiving Social Security benefits.

If you checked "No" above, have you applied? ☐ Yes ☐ No

~~If you are currently receiving Social Security disability insurance benefits, please disregard the Employment Information Section.~~

— CONTINUED ON BACK —

E-Ballot 09/23/2013

RBM 05/15/2014

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1306

A1422

Player's Name Darren Mickell Initial DM

Employment Information

Are you currently employed? ☒ Yes ☐ No ☐ Never worked after playing NFL football

If you checked "Yes," please complete the following:

Employer FHI Job Title Freight Handler Start Date 4-1-12
Employer's Address _____
Supervisor's Name Christopher Atwell Supervisor's Phone 786-533-6184
Job Description unload freight with forklift Salary (before tax) 22.00

If you checked "No," please complete the following:

Your Last Employer _____ Job Title _____ Start & End Dates _____
Employer's Address _____
Supervisor's Name _____ Supervisor's Phone _____
Job Description _____
Reason for leaving _____

E-Ballot 09/23/2013

RBM 05/15/2014

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1307

BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN

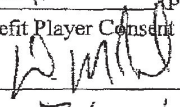
RECEIVED

DISABILITY BENEFIT PLAYER CONSENT FORM

JUL 23 2013

You are applying for disability benefits under the Bert Bell/Pete Rozelle NFL Player Retirement Plan ("Plan"). This form contains important information. Please read the form, sign it, and return it with your application for disability benefits. This form is a required part of the application, and must be completed before your application will be processed.

I, Darren Mickell (print name), have read and understood the information in this Disability Benefit Player Consent Form.

Signature: Date: 7/12/13

In submitting my application for disability benefits, I understand that:

1. I may be required to attend a physical examination with one or more physicians or other health professionals, and that failure to attend may cause my application to be denied.
2. There will be no doctor-patient relationship between me and the physicians or other health professionals who examine me.
3. The physicians or other health professionals who examine me will provide reports on my condition to the Plan, which I may obtain by written request to the Plan Office.
4. The physicians or other health professionals who examine me will not provide a copy of the medical reports to me directly.
5. Neither I nor my representatives (attorneys, treating physicians, etc.) are allowed to contact the physicians or other health professionals arranged by the Plan, such as to discuss their examination of me or to request copies of reports.
6. The physicians or other health professionals who examine me are required to comply with ethical or legal obligations, for example if they determine that I am a danger to myself or to others.
7. By signing this form, I consent to the above points and will comply with the Plan's procedures in connection with my claim for disability benefits.

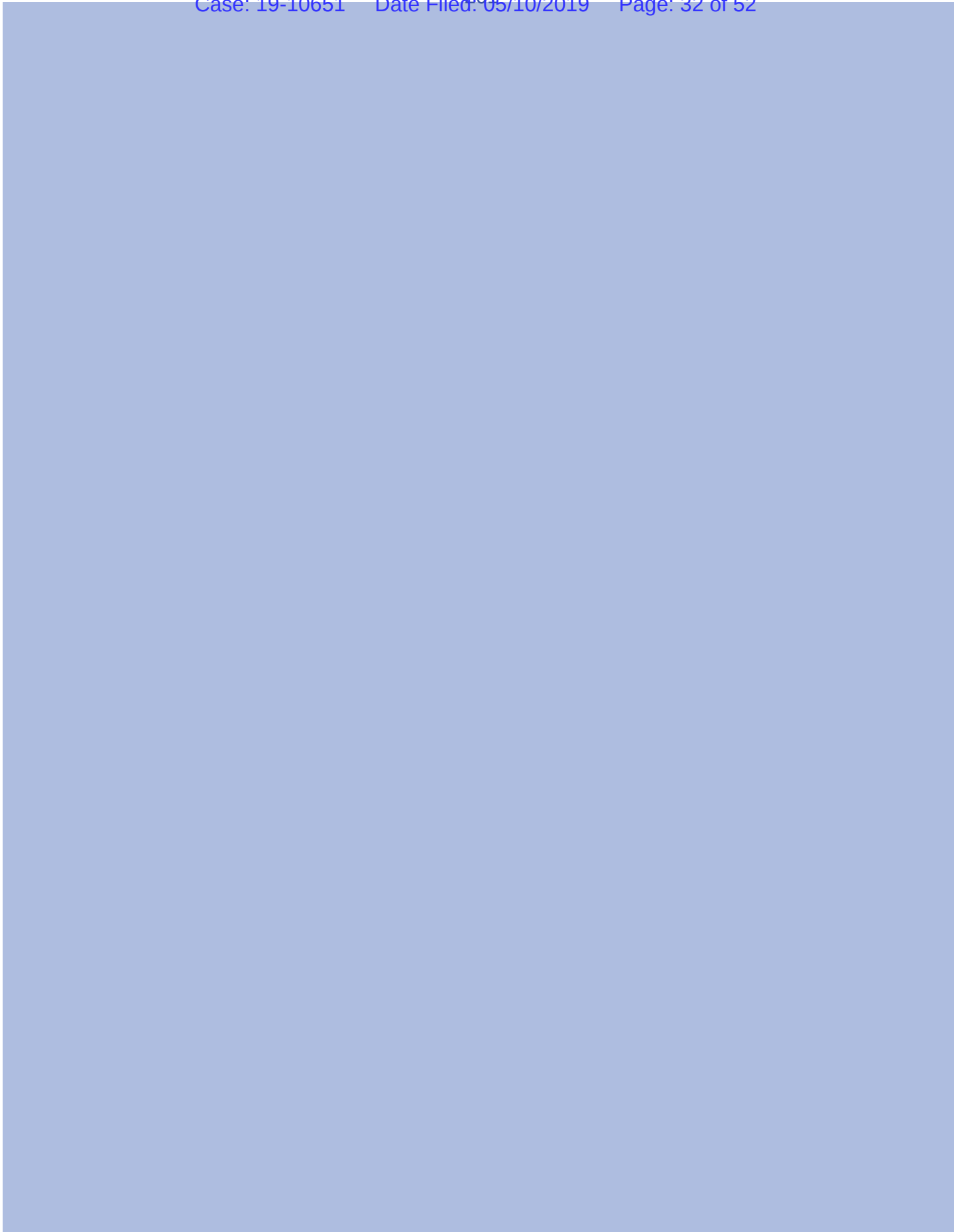
E-Ballot 09/23/2013

RBM 05/15/2014

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1308



MICKELL-1309

Transactions

Mickell, Darren

Position: DE
 College: Florida
 Current Club:
 Current Status: Free Agent

Date	Start Club	Result Club	Potential Club	Initial Status	Result Status	Description	Comments
10/9/2001	OAK			Active	Free Agent	Terminated, Vested Veteran, all contracts	
10/2/2001		OAK		Free Agent	Active	Free Agent Signing	
8/28/2001	OAK			Active	Free Agent	Terminated, Vested Veteran, all contracts	
6/5/2001		OAK		Free Agent	Active	Free Agent Signing	
6/4/2001	SD			R/UFA	Free Agent	Not Asked to Re-Sign	
3/1/2001	SD	SD		R/Cont. Expired	R/UFA	Reserve, Unrestricted Free Agent	
3/1/2001	SD	SD		Active	R/Cont. Expired	Contract Expired	
2/28/2000		SD		Free Agent	Active	Free Agent Signing	
1/18/2000			SD	Free Agent	Free Agent	Visit	
11/16/1999			CHI	Free Agent	Free Agent	Tryout	
11/10/1999	NO			Waivers/No Rec.	Free Agent	Terminated Via Waivers, all contracts	
11/9/1999	NO	NO		Inactive	Waivers/No Rec.	Waived, No Recall	
11/7/1999	NO	NO		Active	Inactive	De-Activated	
10/27/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/24/1999	NO	NO		Active	Inactive	De-Activated	
10/20/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/17/1999	NO	NO		Active	Inactive	De-Activated	
10/13/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/10/1999	NO	NO		Active	Inactive	De-Activated	
10/6/1999	NO	NO		Inactive	Active	Activated, from Inactive	
10/3/1999	NO	NO		Active	Inactive	De-Activated	
9/28/1999	NO	NO		Ex/Comm. Perm.	Active	Counts on Active List	
9/16/1999	NO	NO		Ex/Comm. Perm.	Ex/Comm. Perm.	Signed, Renegotiated Contract (pd-->pd)	
9/16/1999	NO	NO		Ex/Comm. Perm.	Ex/Comm. Perm.	Contract Told	
9/16/1999	NO	NO		R/Retired	Ex/Comm. Perm.	Reinstated	
2/23/1998	NO	NO		Active	R/Retired	Reserve/Retired	
12/24/1997	NO	NO		Inactive	Active	Activated, from Inactive	
12/23/1997	NO	NO		Active	Inactive	De-Activated	
12/18/1997	NO	NO		Inactive	Active	Activated, from Inactive	
12/12/1997	NO	NO		Active	Inactive	De-Activated	
10/24/1997	NO	NO		Active	Active	Signed, Renegotiated Contract (pd-->pd)	
4/22/1997	NO	NO		Active	Active	Signed, Renegotiated Contract (pd-->pd)	
11/8/1996	NO	NO		Ex/Comm. Perm.	Active	Counts on Active List	
11/4/1996	NO	NO		Active	Ex/Comm. Perm.	Exempt/Commissioner Permission	
11/4/1996	NO	NO		R/Comm. Susp.	Active	Suspension Lifted by Commissioner	
10/4/1996	NO	NO		Active	R/Comm. Susp.	Reserve/Indefinite Suspension	
8/23/1996	NO	NO		EX/CP at 65-Cut	Active	Counts on Active List	
8/19/1996	NO	NO		EX/CP at 65-Cut	EX/CP at 65-Cut	Passed Physical	
8/12/1996	NO	NO		Active/RUP	EX/CP at 65-Cut	Exempt/Commissioner Permission at Outdown to 60	
8/12/1996	NO	NO		Active	Active/RUP	Declared Physically Unable to Perform	
8/1/1996	NO	NO		R/DNR	Active	Reinstated	
7/15/1996	NO	NO		Active	R/DNR	Reserve/Did Not Report	
3/21/1996	KC	NO		R/UFA	Active	Unrestricted Free Agent Signing	
2/27/1996	KC	KC	ATL	R/UFA	R/UFA	Visit	
2/26/1996	KC	KC	NO	R/UFA	R/UFA	Visit	
2/22/1996	KC	KC	MIN	R/UFA	R/UFA	Visit	
2/16/1996	KC	KC		R/Cont. Expired	R/UFA	Reserve, Unrestricted Free Agent	
2/15/1996	KC	KC		Active	R/Cont. Expired	Contract Expired	
11/12/1995	KC	KC		Inactive	Active	Activated, from Inactive	
10/13/1995	KC	KC		Active	Inactive	De-Activated	
10/1/1995	KC	KC		Inactive	Active	Activated, from Inactive	
9/24/1995	KC	KC		Active	Inactive	De-Activated	
12/26/1992	KC	KC		R/I; Counts PS	Active	Activated, from Reserve	
11/11/1992	KC	KC		R/Injured	R/I; Counts PS	Reserve/Injured; Counts on Practice Squad	
9/30/1992	KC	KC		Active	R/Injured	Reserve/Injured	
9/29/1992	KC	KC		Ex/Comm. Perm.	Active	Counts on Active List	
9/16/1992	KC	KC		Active	Ex/Comm. Perm.	Exempt/Commissioner Permission	
9/16/1992	KC	KC		R/Drft Unsign	Active	Selection List Signing	
9/15/1992	KC	KC		Free Agent	Active	* Signing Record *	

E-Ballot 09/23/2013

RBM 05/15/2014

E-Ballot 09/04/2014

RBM 05/14/2015

MICKELL-1310

A1426



MICKELL-1311

Board Actions for Darren Mickell

<u>Meeting Date</u>	<u>Type</u>	<u>Case Type</u>	<u>Issue</u>	<u>Decision</u>	<u>Effective Date/Action</u>
09-04-14.E		TPX	APL	Denied	employable
05-15-14.E		TPX	APA	Tabled	pending neutral evaluation - Remand to DICC
09-23-13.E		TPX	APL	Denied	currently employed

SUMMARY

Total Cases: 3

Case Types- DIS/TPX: 2

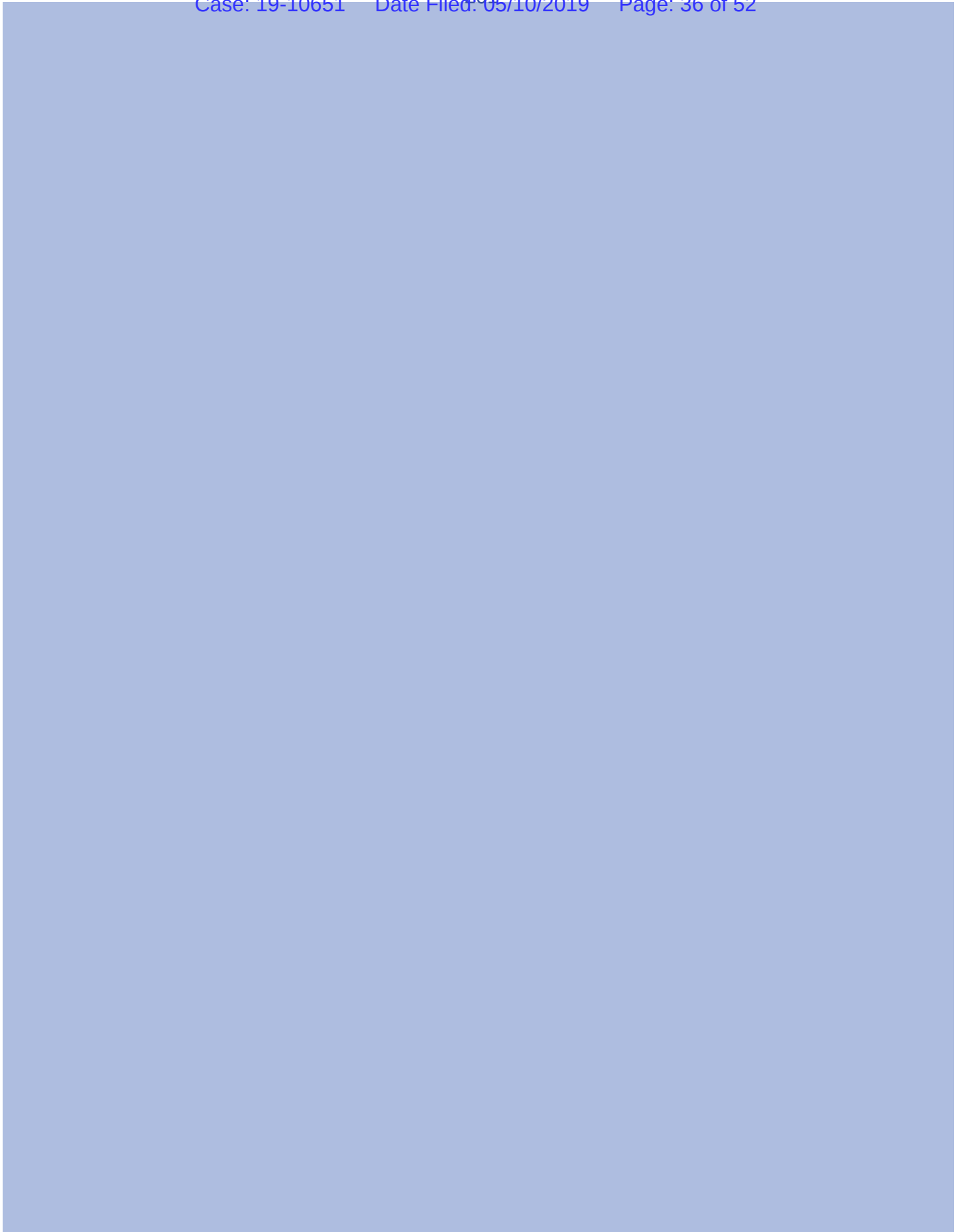
Issues- APA: 1 APL: 1

Decisions- Denied: 1 Tabled: 1

Issues: APL- Application CON- Continuation EDT- Eff. Date RCL- Reclassification EED- Earlier Eff. Date MSC- Miscellaneous
 APA- APL Appeal COA- CON Appeal EDA- EDT Appeal RCA- RCL Appeal EEA- EED Appeal MSA- MSC Appeal
 05/07/15

RBM 05/14/2015

MICKELL-1312



MICKELL-1313

PLAYER: **Darren Mickell** SSN4: **1926**
DOB: **1970**

ISSUE: Appeal of Disability Initial Claims Committee's Denial of Application for
Total and Permanent Disability Benefits (Fall 2015 Meeting)

FACTS: **Eight (8) Credited Seasons: 1992-1997, 1999-2000**
Sum of Benefit Credits: **\$2,720.00**
09/23/2013 E-Ballot: T&P Disability application denied: currently employed
05/14/2014 RBM Meeting: T&P Disability appeal tabled: pending neutral evaluations - Remand to DICC
09/04/2014 E-Ballot: T&P Disability application denied: employable

ATTACHMENTS: 1) Plan Office Letter dated 09/08/2014
2) Physician's Report Form and Narrative dated 04/27/2015
Sutapa Ford, Ph.D. (Neutral Neuro-Psychologist)
3) Physician's Report Form and Narrative received 04/27/2015
Peter Dunne, M.D. (Neutral Neurologist)
4) Physician's Report Form and Narrative dated 04/14/2015
George H. Canizares, M.D. (Neutral Orthopaedist)
5) Physician's Report Form and Narrative dated 08/20/2014
Stephen N. Macciocchi, Ph.D. (Neutral Neuro-Psychologist)
6) Physician's Report Form and Narrative dated 08/19/2014
Barry J. McCasland, M.D. (Neutral Neurologist)
7) Physician's Report Form and Narrative dated 06/17/2014
Chaim Arlosoroff, M.D. (Neutral Orthopaedist)
8) Appeal Letter dated 03/09/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
9) Letter dated 05/01/2015
Sutapa Ford, Ph.D. (Neutral Neuro-Psychologist)
(continued next page)

DECISION: _____

EFFECTIVE DATE: _____

RBM 05/14/2015

(APPEAL) DISABILITY CASE # 50

MICKELL-1314

PLAYER: **Darren Mickell** (continued)

SSN4: -1926
DOB: [REDACTED] 1970

ISSUE: Appeal of Disability Initial Claims Committee's Denial of Application for
Total and Permanent Disability Benefits (Fall 2015 Meeting)

ATTACHMENTS: (continued)

- 10) Letter dated 04/29/2015
Mindy L. Chmielarz (Player's Attorney)
- 11) Letter dated 04/28/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
- 12) Letter dated 04/10/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
- 13) Player's Completed Application received 09/17/2013
- 14) NFL Records
- 15) Board Action Schedule

Note: Player's complete file with Plan Director

RBM 05/14/2015

(APPEAL) DISABILITY CASE # 50

RBM 05/14/2015

MICKELL-1315

PLAYER: Darren Mickell SSN4: -1926
DOB: [REDACTED] 1970

ISSUE: Appeal of Disability Initial Claims Committee's Denial of Application for
Total and Permanent Disability Benefits (Fall 2015 Meeting)

FACTS: Eight (8) Credited Seasons: 1992-1997, 1999-2000
Sum of Benefit Credits: \$2,720.00
09/23/2013 E-Ballot: T&P Disability application denied: currently employed
05/14/2014 RBM Meeting: T&P Disability appeal tabled: pending neutral evaluations - Remand to DICC
09/04/2014 E-Ballot: T&P Disability application denied: employable

ATTACHMENTS:

- 1) Plan Office Letter dated 09/08/2014
- 2) Physician's Report Form and Narrative dated 04/27/2015
Sutapa Ford, Ph.D. (Neutral Neuro-Psychologist)
- 3) Physician's Report Form and Narrative received 04/27/2015
Peter Dunne, M.D. (Neutral Neurologist)
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George H. Canizares, M.D. (Neutral Orthopaedist)
- 5) Physician's Report Form and Narrative dated 08/20/2014
Stephen N. Macciocchi, Ph.D. (Neutral Neuro-Psychologist)
- 6) Physician's Report Form and Narrative dated 08/19/2014
Barry J. McCasland, M.D. (Neutral Neurologist)
- 7) Physician's Report Form and Narrative dated 06/17/2014
Chaim Arlosoroff, M.D. (Neutral Orthopaedist)
- 8) Appeal Letter dated 03/09/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
- 9) Letter dated 05/01/2015
Sutapa Ford, Ph.D. (Neutral Neuro-Psychologist)

(continued next page)

DECISION: Tabled to panel

EFFECTIVE DATE: _____

RBM 05/14/2015

(APPEAL) DISABILITY CASE # 50

RBM 08/19/2015

MICKELL-1316

PLAYER: **Darren Mickell** (continued)

SSN4: -1926
DOB: [REDACTED] 1970

ISSUE: Appeal of Disability Initial Claims Committee's Denial of Application for
Total and Permanent Disability Benefits (Fall 2015 Meeting)

ATTACHMENTS: (continued)

- 10) Letter dated 04/29/2015
Mindy L. Chmielarz (Player's Attorney)
- 11) Letter dated 04/28/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
- 12) Letter dated 04/10/2015 with attachments
Mindy L. Chmielarz (Player's Attorney)
- 13) Player's Completed Application received 09/17/2013
- 14) NFL Records
- 15) Board Action Schedule

Note: Player's complete file with Plan Director

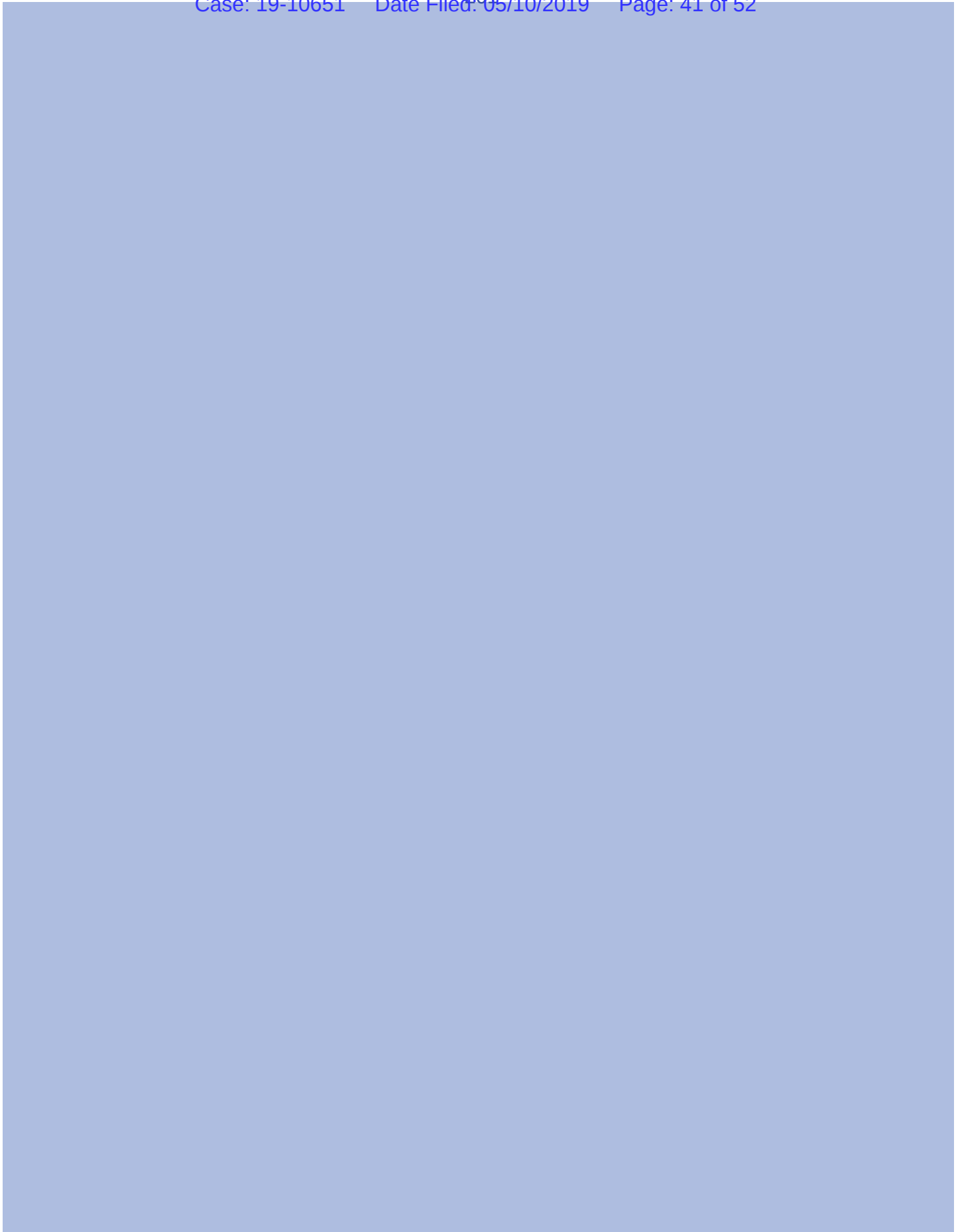
RBM 05/14/2015

(APPEAL) DISABILITY CASE # 50

RBM 05/14/2015

RBM 08/19/2015

MICKELL-1317



MICKELL-1318

**BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN
RETIREMENT BOARD MEETING MINUTES**

May 13-14, 2015

Boston, MA

A meeting of the Retirement Board of the Bert Bell/Pete Rozelle NFL Player Retirement Plan (the "Retirement Plan" or "Plan") was held in Boston, Massachusetts on May 13-14, 2015. The following individuals attended:

Retirement Board:

Management Council designated members:

Katie Blackburn
Dick Cass (present on May 13)
Ted Phillips

NFLPA designated members:

Hoby Brenner (alternate)
Sam McCullum
Robert Smith

Commissioner's Delegate:

Harold Henderson

Guests and Advisors:

Alvaro Anillo	Belinda Lerner
Mike Casey	Mike Maricco
Andre Collins	Bethany Marshall
Dennis Curran	Heather McPhee
Tom DePaso	Mike Miller
Jack Donlan (alternate on May 14)	Patrick Reynolds
Doug Ell	Lashay Rose
Larry Ferazani	Chris Smith
Chris Flohr	Paul Scott
Sarah Gaunt	James Thrash
Bruce Gould	Robert Wilen
Larry Lamade	Michele Yaras-Davis
Alex LeBlanc	

All present could hear each other and be heard. Unless otherwise noted, all actions were unanimous.

Redacted

A. Disability Applications

Redacted

Redacted

11. Darren Mickell Referred appeal of earlier denial of application for total and permanent disability benefits to a neutral psychiatrist.

Redacted

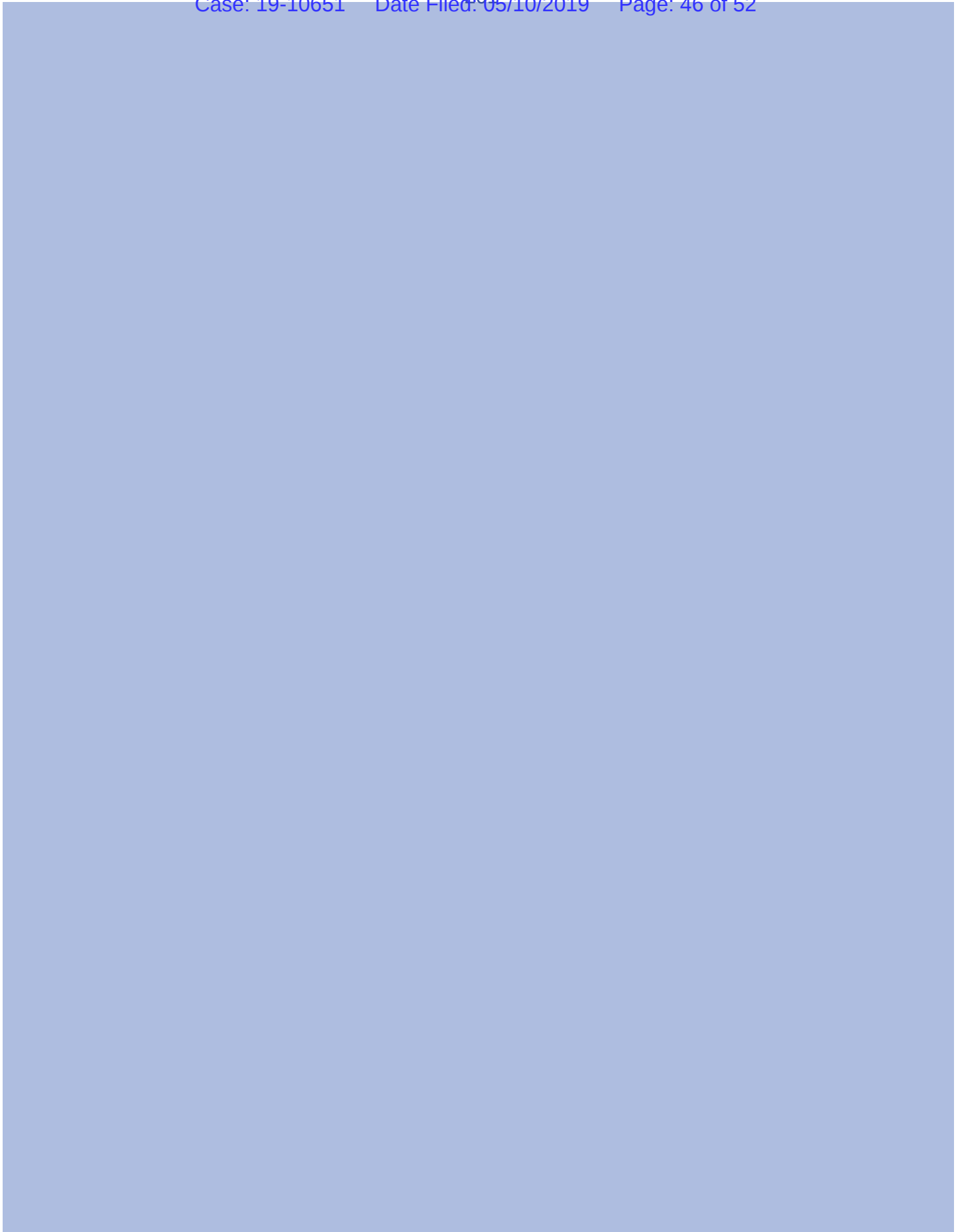
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Next Meeting

It was agreed that the next meeting of the Retirement Board would be held on August 18-19, 2015 in San Diego, California and that the following meeting would be held on November 18-19, 2015 at a location to be determined.

There being no further business, the meeting was adjourned.



MICKELL-1323



Bert Bell/Pete Rozelle NFL Player Retirement Plan

200 Saint Paul Street • Suite 2420 • Baltimore, Maryland 21202-2008
410-685-5069 • 800-638-3186 • Fax 410-783-0041



NFL PLAYERS
ASSOCIATION

VIA FEDERAL EXPRESS

May 20, 2015

Mr. Darren Mickell
9250 Chelsea Drive
Miramar, FL 33025

Re: Appeal for Total and Permanent Disability Benefits

Dear Mr. Mickell:

At its May 14, 2015 meeting, the Retirement Board of the Bert Bell/Pete Rozelle NFL Player Retirement Plan considered your appeal from the earlier decision of the Disability Initial Claims Committee to deny your application for total and permanent disability benefits. The Retirement Board tabled its consideration of your appeal, to allow additional time for you to undergo a neutral psychiatric evaluation.

You will receive information regarding this evaluation by separate letter.

If you have any questions, please contact the Plan Office.

Very truly yours,

Michael B. Miller
Plan Director
on behalf of the Retirement Board

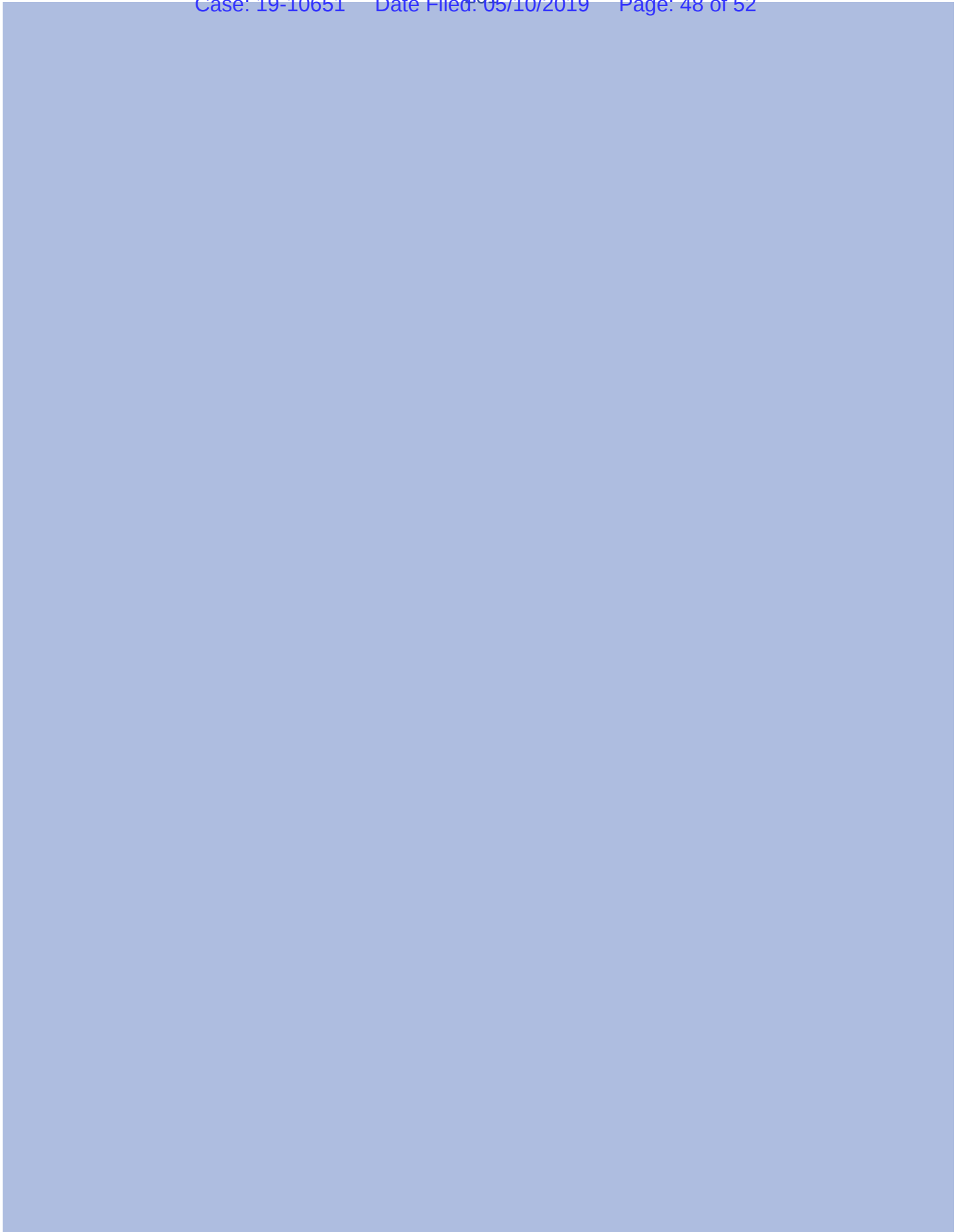
MBM:prs

cc: Mindy Chmielarz

RBM 08/19/2015

MICKELL-1324

A1440



MICKELL-1325



NFL Player Disability & Neurocognitive Benefit Plan

200 Saint Paul Street, Suite 2420 | Baltimore, MD 21202 | 800-638-3186 | Fax 410-783-0041

June 19, 2015

Mr. Darren Mickell
9250 Chelsea Dr.
Miramar, FL 33025

**Re: Application for Disability Benefits
Confirmation and Scheduling of Required Medical Examination**

Dear Mr. Mickell:

We write to confirm that your medical examination has been scheduled as follows:

Appointment Date/Time:	Tuesday, July 7, 2015 9:00am
Physician:	Raymond Faber, M.D.
Specialty:	Psychiatrist
Location:	4201 Medical Drive, Room 245 San Antonio, TX 78229 (210)704-7097

On the day of your appointment, be sure to bring one form of photo identification with you to the examination and, after checking in at the facility, inform the receptionist that you are scheduled to see the physician identified above for purposes of a neutral examination conducted on behalf of the Bert Bell/Pete Rozelle NFL Player Retirement Plan.

Based upon the disabilities identified in your application, the physician will be prepared to evaluate any impairments to the following body parts:

- Neurocognitive, Headaches, Memory Issues, Concentration Issues, Word Loss, Focus Issues, Processing Issues, Following Direction Problems

If you have any additional medical records you would like the physician to review, you must provide those records to the Plan Office **at least ten (10) days prior to the scheduled examination.**

By the time of your appointment, the Plan will have already provided the physician with your application and any medical records timely submitted to the Plan Office. However, you are encouraged to bring to the examination any relevant x-rays, MRIs, or other images/films that are in your possession.

For travel and planning purposes, be sure to allow approximately three to four hours for your examination and any follow-up testing the physician may require.

A copy of the Plan's Travel Expense Policy is enclosed. Please review it and contact Art Solis with "The Travel Store," (310) 752-9157, to arrange air transportation and lodging, if necessary.

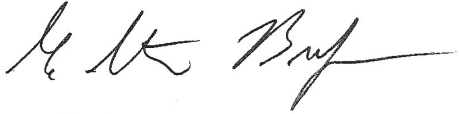
You are reminded that **you (and your representatives, family, friends, etc.) may not contact the physician's office for any reason.** Please contact the Plan Office if you have any questions or concerns, including any problem attending the examination on the scheduled date,

MICKELL-1326

as your application for disability benefits may be denied if you fail to attend the scheduled examination.

If you have any questions, please contact the Plan Office.

Very truly yours,

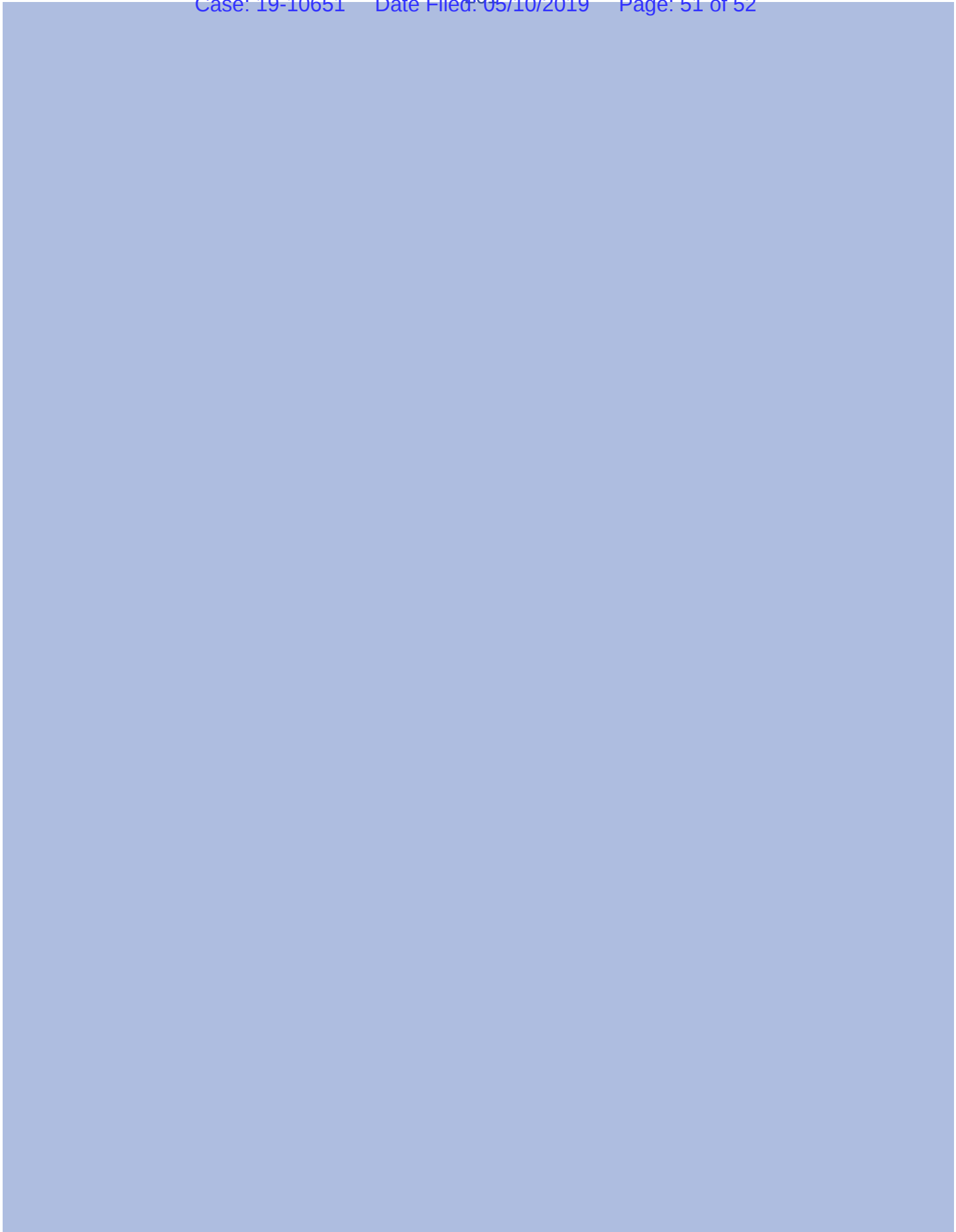
A handwritten signature in black ink, appearing to read "Elton Banks", written in a cursive style.

Elton Banks
Benefits Coordinator

cc: Mindy Chmielarz

Enclosure

MICKELL-1327



MICKELL-1328

06/25/2015 13:04 group, dilaw

(FAX) 954 989 9999

P.002/015



Paulino-Grisham, Smith, & Chmielarz, P.A.

June 25, 2015

Sent Via U.S. Mail & Facsimile: (410) 783-0041

Retirement Board for the
Bert Bell/Pete Rozelle NFL Player Retirement Plan
Attn.: Elton Banks, Benefits Coordinator
200 St. Paul Street, Suite 2420
Baltimore, MD 21208-2008

RECEIVED
JUN 25 2015
NFL PLAYER BENEFITS

RE: Name: Darren Mickell
Incident #: Total and Permanent Disability Benefits

Dear Banks:

Please make sure Dr. Faber is provided with a complete copy of all medical records provided to the NFL Plan Office on behalf of Mr. Mickell including a copy of the attached report from Dr. Peggy Vermont. For your convenience, another copy of Mr. Mickell's records (excluding Dr. Vermont's report) is enclosed with this correspondence which was mailed today.

Should you have any questions or wish to further discuss this matter, please do not hesitate to contact me at (954) 989-9000.

Very truly yours,

Mindy L. Chmielarz,
For the Firm



www.dilawgroup.com

Nationwide
t 888.644.2644

Broward (Correspondences)
4151 Hollywood Boulevard
Hollywood, Florida 33021
o/c 954.989.9000
fax 954.989.9999

West Palm Beach
224 Datura Street, Suite 402
West Palm Beach, Florida 33401
o/c 561.202.9170
fax 561.202.9194

RBM 08/19/2015

MICKELL-1329

A1445